Thurrock Health and Wellbeing Strategy 2021 – 2026 "Levelling the Playing Field"

Refresh Scope v.1.2



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Strategy Content



1. Introduction

• Purpose of the Health & Wellbeing Strategy

- The Health & Wellbeing Board (HWBB) has a collective statutory duty to produce a Health & Wellbeing Strategy (HWBS)
- It is one of two highest level strategic documents for the LA and system partners, (other being the Local Plan), which can engage all partners in the wellbeing agenda
- It is a whole system plan for the HWBB, co-ordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and well being of residents
- The statutory status of the document means that the new ICS must have regard to it when planning their own strategy

• Work with system partners and HWBB Chair to date:

- Needs to be high level and strategic
- Needs to be highly ambitious and set out genuinely new plans rather than just describe what has already been done
- Needs to provide a clear narrative that drives the work of all aspects of the local authority, NHS and third sector
- Needs to address resident priorities and be co-designed with residents
- Needs to be place and locality based and take a strengths and assets approach, not focused only on deficits or services

- Theme agreed with HWBB Chair and HWB/TICP Strategy Group – "Levelling the Playing Field"
 - Intergenerational health inequalities still persist in Thurrock
 - Opportunities for every resident to reach their full potential are not shared equally
 - There is an unacceptable variation in access, service quality and outcome across health, care and wellbeing services with those with the greatest need often getting the poorest services and outcomes, which is genuinely unfair
 - The strategy will drive collective action across every council department, and through the NHS and through other key system partners to address this unfairness
 - Only by taking a whole systems approach can we hope to "level the playing field" and address this inequality of opportunity. Too often services work in isolation and do not support a shared goal, e.g. the impact housing and community can have on SMI recovery

HWB Strategy Guidance can be found here

2. Suggested Structure

- 1. Chair's Foreword
- 2. Overview / Executive Summary
- 3. Thurrock's Health and Wellbeing Board
- 4. Impact of Health and Wellbeing Strategy 2016-2021 inc. strategy metrics
- 5. Health and Wellbeing in Thurrock Strategic Fit
- 6. Thurrock's Vision for Community Health and Wellbeing
- 7. Key Principles
- 8. Overview of Thurrock the Place
- 9. Health and Wellbeing in Thurrock including Impact of Covid
- 10. Community Priorities for Health and Wellbeing
- 11. Overview of Domains and Priorities
- 12. A focus on each domains and priorities including: supporting narrative, key outcomes for each domain, impact on vision and delivery mechanisms
- 13. Outcomes Framework
- 14. Making it Happen Oversight and Monitoring Arrangements



3. Strategic Fit

- To truly Level the Playing Field, the HWBS needs to take a whole system approach, being a key driver not just of Council Directorate and Service Plans, but across the wider Thurrock system and the Mid & South Essex ICS as well
- To have maximum impact, the HWBS needs to align with and draw on the resources and levers in other key strategies for Thurrock, including the Local Plan, and plans shared with neighbouring boroughs such as the Thames Freeport

In order to support delivery of the Council's Vision, the 6 Domains of the HWB Strategy each relate to one of the Council's key priorities of People, Place and Prosperity :

PLACE

ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

PROSPE



4. Vision - "Levelling the Playing Field"

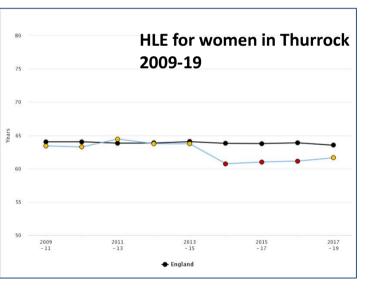
Thurrock experiences inequalities both as a whole when compared to England averages and also within the borough -

Life Expectancy (LE) in Thurrock compared to England

- LE in Thurrock has fallen below England average in the past 10 years
- For women, current LE is significantly lower than England average

Healthy Life Expectancy

• HLE for women is **significantly lower than England average:**



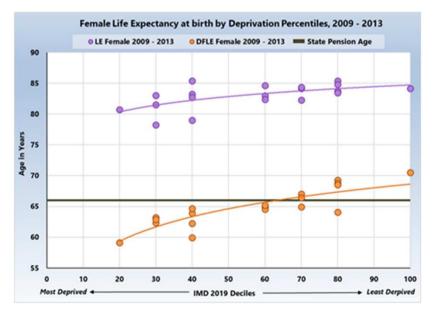
Healthy / Disability-Free Life Expectancy = the average number of years that an individual is expected to live in a state of self-assessed good or very good health (Health Profile for England, 2017)

Life Expectancy within Thurrock

• 10 year LE gap between most and least affluent communities

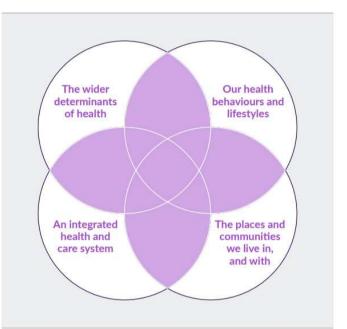
Healthy Life Expectancy

- Women in the most affluent areas of Thurrock experience 8 years more healthy life than those in the most deprived
- Women in the most deprived areas experience **22 years in poor** health:



4. Vision – How do we Level the Playing Field in Thurrock?

Health & wellbeing status is driven by broad and complex influences -



The King's Fund highlight the • Strong & Resilient following wider health

- determinants:
- Income
- Housing
- Education
- Best Start in Life
- Spatial planning

- Communities
- Access to Green Spaces
- Transport & Active Travel
- Jobs & Work
- Environment

Source: https://www.kingsfund.org.uk/publications/visionpopulation-health

To Level the Playing Field, Thurrock HWB Strategy needs to take a broad approach and focus on all these areas eg:

National 'Levelling Up' agenda opportunities for Thurrock :

- Thames Freeport & Backing Thurrock agenda secure inclusive growth
- The Towns Fund creating opportunity in more deprived areas; promoting arts, culture & physical activity
- Skills Fund & Apprenticeships opportunities for local young peop

ASELA Anchor Programme opportunities for Thurrock:

- Infrastructure & Housing affordable housing, transport & infrastructure
- Technical University skills development for adults & young people
- South Essex Estuary Park green & blue spaces, improved air qualit

5.6 Key Influences on Health & Wellbeing in Thurrock

Engagement with subject matter experts and stakeholders has suggested we can Level the Playing Field in Thurrock through 6 key influences on health and wellbeing, including wider determinants of health, around which the strategy could be structured.

Either an existing group (1 & 3) or a small T&F stakeholder group (2, 4, 5 & 6) will develop the chapter for each of these 6 key influences, facilitated by the Public Health & Adult Social Care team:

fluence on HWB	Council & Partner Leads	Linked Strategies	T&F Group Lead
Quality Care Centred Around ne Person	Carmel Micheals, Matt Auckburally, Kehinde Adeniji (via Locality Working Prog Board)	Brighter Futures Children & Young People's Strategy Better Care Together Thurrock Adult Place-Based Strategy	Ceri Armstrong
Healthier for Longer	Helen Farmer, Stephen Mayo, Preeti Sud, Jane Itangata, Catherine Wilson, Wendy Robertson	Brighter Futures Children & Young People's Strategy Better Care Together Thurrock Adult Place-Based Strategy	Jo Broadbent
Building Strong & Cohesive ommunities	Kristina Jackson, Kim James, Natalie Smith (via Stronger Together)	Better Care Together Thurrock Adult Place-Based Strategy Collaborative Communities	Maria Payne
Opportunity for All	Michele Lucas, Gerard McCleave, Jackie Philips, Neil Woodbridge, Mark Vickers Kristina Jackson	Brighter Futures Children & Young People's Strategy Backing Thurrock ASELA inc Thames Freeport Levelling Up	Beth Capps
Housing & the Environment	Ewelina Sorbjan, Gavin Dennett, Michelle Cunningham, Vince Taylor, Jahur Ali, Davis, Irina Davis, Laura Pattison, Sean Nethercott	Housing Strategy Local Plan Transport & Active Travel SEE Park	Bex Willans
Community Safety	Michelle Cunningham, Claire Moore, Priscilla Tsang, Paula Ward	Community Safety Violence Against Women & Girls Youth Violence & Vulnerability	Sareena Gill



Snapshot of domains of influence on health & wellbeing #1

	PEOPLE	PEOPLE	PEOPLE	PROSPERITY	PLACE	PEOPLE
osed Domain 1 (Person <i>MH service deliv</i>	Quality Care Centred Around	Proposed Domain 2 Enable people to live healthier for longer	Proposed Domain 3 Wider Determinant of Health Building Strong & Cohesive Communities	Proposed Domain 4 Wider Determinant of Health Opportunity for All	Proposed Domain 5 Wider Determinant of Health Housing & the Environment	Proposed Domain 6 Wider Determinant of Health Community Safety
osed priority isformation of ces to provide rated, strength d holistic health care services in nunities	 Proposed priority 1B. Ensure residents have access to high quality GPs and Primary Care when they need it Create four Integrated Medical Centres 	Proposed priority 2A. Improve the identification and holistic management of long term conditions, including mental ill health	 Proposed priority 3A. Build Strong, well connected communities Work within the Collaborative Communities Framework Address digital poverty Volunteering Prevent 	 Proposed priority 4A. All Thurrock residents are enabled to achieve their potential (Building on Brighter Futures theme 1) All children in Thurrock making good educational progress Support young people leaving academies and 	Proposed priority 5A. We will support homelessness prevention and rough sleepers	Proposed priority 6A. We will deliver the VAWG Strategy to improve the health and wellbeing of victims of domestic violence.
osed priority sform our in e care provider ce to ensure the le of Thurrock ve the care that need when they it	 Proposed priority 1D. We will work with MSE Health and Care Partnership to ensure Acute Care services reflect the needs of Thurrock residents Acute hospital services NHS 111 services Ambulance services Patient transport services 	Proposed priority 2B. More cancers will be prevented, identified early and successfully treated.	 Proposed priority 3B. All Children and their families experience good emotional health and wellbeing (Brighter Futures theme 4) Strengthen our whole school approach, with a view to ensuring all children are thriving and have access to the 	 schools into further education or employment To include library support around literacy, housing advice Adults can access good quality education and training 	Proposed priority 5B. Improve housing quality and tenants' health & wellbeing through our Well Homes programme	Proposed priority 6B. Improve response and provision for response to sexual violence
	Proposed priority 1E. Where appropriate we will integrate Health and Social Care commissioning and delivery, managed through the Better Care Fund	 Proposed priority 2C. Ensure a robust Health Protection response to infectious diseases and environmental threats to health, including: maximising uptake of immunisations promoting sexual health 	 support they need Identify and implement solutions which improve access to targeted and specialist interventions. Tackling the social inequalities that put young people at a disadvantage in achieving good mental health and health 	 Proposed priority 4B. More Thurrock residents in employment, Fewer children & adults in poverty The council's single view of debt support We will support the economically vulnerable through the Economic Recovery Plan 		 Proposed priority 5C. We will provide a responsive service to residents experiencing crime and anti-social behaviour Consider the needs of vulnerable adults at risk of exploitation through hate crime and fraud

Potential high lev objectives identif from preparatory work are included illustrative purpos and to help define scope of each dor

NB Please note the these objectives we change as the T& Group work progresses.

Key:

Wider Determinants of strategies (various

Brighter Futures Child Young People's Strat objective

Better Care Together Th Adult Place-Based Stra objective

Snapshot of domains of influence on health & wellbeing #2

PEOPLE	PEOPLE	PEOPLE	PROSPERITY	PLACE	PEOPLE
Proposed Domain 1 Quality Care Centre Around the Person	Proposed Domain 2 Support People to Live Healthier for Longer	Proposed Domain 3 Wider Determinants of Health Building Strong & Cohesive Communities	Proposed Domain 4 Wider Determinants of Health Opportunity for All	Proposed Domain 5 Wider Determinants of Health Housing & the Environment	Proposed Domain 6 <i>Wider Determinants of Health</i> Community Safety
	Proposed priority 2D. Primary prevention of chronic diseases through reducing smoking, obesity, lack of physical activity, and substance misuse.	Proposed Priority 3C. Build a trusted partnership conversation between individuals, communities and services	Proposed priority 4D. We will create a vibrant local economy, supporting local businesses, to employ local people, with benefits to all including the through the Thames Freeport	Proposed priority 5D. Improve air quality in Thurrock	 Proposed priority 6D. All Children live safely in their communities (Brighter Futures theme 3) Tackling child exploitation, including work of the Economically Vulnerable Task-Force Develop an understanding of the community impacts of serious youth violence and vulnerability and develop interventions to address challenges Public Health Lead We will tackle gang behaviour and support young people at risk of being exploited by gangs.
 Proposed priority 1F. All Children are able to access the services they need and be healthy (Brighter Futures theme 2) We will work in partnership to ensure the completion of initial health assessments for children coming into social care Education, Health and Care Plans will be completed within statutory timescales to the quality required We will support children and young people in care and those with SEND during transitional periods in their lives. 		Proposed priority 3D. Reduce Social Isolation and Loneliness		Proposed priority 5E. Create spaces that make it easy to exercise, be active and socialise in a safe environment	Proposed priority 6C. We will disrupt perpetrator activity and support offenders to reduce their reoffending behaviour
				 Proposed priority 5F. Develop homes that keep people well and independent Improve energy efficiency and talking fuel poverty and excess cold 	

are we aiming for in the chapter on each Key Influence?

- What do we want to achieve?
- What will achieving this goal look like? ie high evel objectives
- Why is this important?
- How will this Level the Playing Field / reduce nequalities?
- erpinned by –
- Monitoring Metrics
- Delivery oversight ie which strategies
- underpin delivery & which groups have
- governance / oversight
- Risks / Opportunities including wider with partners

2016-21 chapter example: GOAL 5 Healthier for longer







What do we want to achieve?

Reduce avoidable ill-health and death

What will achieving this goal look like?

- A greater proportion of our population will be a healthy weight
- Fewer people in Thurrock will smoke
- The identification and early treatment of long term conditions suc diabetes or high blood pressure will be significantly improved
- · More cancers will be prevented, identified early and treated better

Why?

Thousands of us will be ill or die each year from diseases which are preventable. Promoting healthy lifestyle choices is vital. Smoking is sti the most common cause of preventable ill health and death, and obe growing problem which is particularly acute in Thurrock. These issues physical and mental health, they result in shortened lives and poorer of life, and they put huge strain on families and health services. Tackli these issues is vital, therefore, if we are to improve health and wellbei Thurrock.

To do this, we want to help people make healthy choices. For example people maintain a healthy weight we want to make it easy to be activ have a healthy diet, and provide people with good information on ho live a healthy life.

Cancer is one common reason for ill health and death. Many cancers avoidable through lifestyle changes but when people do have cancer want to ensure that it is identified early, through screening programm treated effectively when it does happen.

6. Outcomes Framework

The outcomes framework will include key metrics with 5 year aspirations of improvement, for each of the priorities in the strategy. The 2016-21 framework was structured as below:

Goal	Objective	Indicators	Baseline	Target %by 2020	Source	
A. OPPORTUNITY FOR ALL	A1. All children in Thurrock making good educational progress	% of children achieving GLD at the end of year R	72.5%	80%	SFR36. www.gov. uk.	
		Gap between above indicator and % of children on pupil premium achieving GLD at end of year R				
		% of all children achieving National Standard or greater depth	85%			
		% of young people gaining the higher grades in attainment and progress across the 8 subjects making up the National Curriculum (Attainment 8 and Progress 8)	70%			
		% of children achieving 5 good GCSEs at A – C including English and Maths				
	A2. More Thurrock residents in employment, education or training.	% of working age population who are economically active	77.7%		NOMIS	
		% of the population of working age claiming Employment Support Allowance and incapacity benefits	5.0		NOMIS	
		% of population claiming JSA	1.4%		NOMIS	
		% of 16 – 19 year olds Not in Employment, Education or Training	5.3%			
	A3. Fewer teenage pregnancies in Thurrock.	Under 18 conception crude rate per 1000	36.1		PHOF indicator 2.04	



Strategy Development Process



7. Timeframes

Key Milestones

Activity	Owner	Date
Sign-off of Scope	HWB Board	23 rd July
Engagement period	Engagement Group	30 th July – 10 th September
Final priorities for each domain agreed	AD Oversight Board	End September
Draft Strategy document reviewed by HWB Board	HWB Board	October
Council committee governance approval	DPH / HWB Chair	November - December
Document launch	Comms / DPH / HWB Chair	January 2022



8. Governance & Monitoring

- 1. Review & Sign-off of Strategy Refresh: HWB Board, chaired by Cllr James Halden
- 2. Oversight & Direction: HWB Strategy / TICP Strategy Group, chaired by Ian Wake, and AD Oversight Group, chaired by Cllr James Halden
- **3.** Process Management: HWB T&F Steering Group, chaired by Jo Broadbent and including 'Domain Leads*' for each of 6 domains, PH Health Intelligence, Strategy team
- 4. Engagement Coordination: Engagement Group, chaired by Jo Broadbent and including CVS, TCCG, BCTT, Community Engagement team
- 5. Ongoing Monitoring of Delivery: HWB Board, chaired by Cllr James Halden

*Each Domain Lead to convene a small T&F stakeholder group for each of 6 key influences on health & wellbeing to:

- a. Agree overall high level outcomes / objectives for each aspect
- b. Identify c.12-15 potential priorities and c.5 key challenges in this area with brief high level summary of each challenge to be used in public engagement
- c. Agree monitoring metrics for inclusion in Outcomes Framework
- d. Identify how the outcomes identified within each of the domains can be supported by topic / domain-specific local strategies & where the governance for delivery for this domain sits
- e. Identify how action on this domain will impact inequalities and the Vision of "Levelling the Playing Field"
- f. Propose final 4-5 key priorities for the strategy, based on insight, data and community feedback
- g. Write the relevant chapter narrative, referencing material already pulled together



9. Stakeholder & Community Engagement

Thurrock Integrated Care Partnership (TICP) is building a new approach to community engagement, co-design and locality based commissioning for health and care. It is proposed that development of this approach is included as a key element of the HWBS objectives, and will be a key strategic approach underpinning future co-produced strategic developments and also commissioning approaches.

As a result of delays due to Covid, the time period for consultation on the HWBS is constrained. The following Stakeholder & Community Engagement will be undertaken between 30th July – 10th September 2021:

Qualitative community input

- Collation of views from previous engagement exercises such as Your Place, Your Voice; Better Care Together Thurrock
- Contemporaneous collation of views via CVS Airtable database
- Online Q&A event/s

Consultation on high-level priorities

Key challenges and priorities for each of 6 key aspects of health & wellbeing will be collated by a T&F stakeholder group, and consulted on via:

- Thurrock Council Engagement HQ online
- Existing community & stakeholder group meetings

